

APPLICATION FOR AWARD OF POST PUBLIC SAFETY DISPATCHER CERTIFICATE		State of California COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 1601 Alhambra Boulevard Sacramento, California 95816-7083		Department of Justice FOR POST USE ONLY APPLICATION NUMBER	
1. NAME (Last First Middle)		2. DATE OF BIRTH		3. SEX	
				4. RACE	
5. NAME OF LAW ENFORCEMENT AGENCY WHERE PRESENTLY SERVING AS A PUBLIC SAFETY DISPATCHER AS DESCRIBED IN COMMISSION REGULATION 1001(t)				6. SOCIAL SECURITY NO.	
7. PRESENT POSITION/TITLE			8. DATE APPOINTED AS A PUBLIC SAFETY DISPATCHER WITH PRESENT AGENCY		
9. BASIC DISPATCHER COURSE ATTENDED					
10. COURSE LENGTH - HOURS	11. DATE STARTED	12. DATE ENDED	13. REQUIRED NOTICE OF APPOINTMENT/TERMINATION FORM 2-114 FILED WITH POST		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ALL TRAINING MUST BE SUPPORTED BY A COPY OF THE CERTIFICATE OF COMPLETION OF TRAINING DO NOT SEND ORIGINAL DOCUMENTS. SEND REPRODUCED COPIES AS THESE ITEMS WILL NOT BE RETURNED.					
I attest that all of the information contained in this application is true and correct.					
14. _____ <div style="display: flex; justify-content: space-between;"> SIGNATURE OF APPLICANT DATE </div>					
I recommend that the certificate be awarded. I attest that the applicant is a full-time public safety dispatcher and has either: 1. completed a probationary period of at least 12 months as provided in Commission Regulation 1018(e), was selected in accordance with the minimum standards in Section 1018(c), and meets the basic dispatcher training requirement set forth in Section 1018(d), or. 2. that the applicant was employed as a public safety dispatcher at the time the agency entered into the POST Public Safety Dispatcher Program, completed a minimum of one year satisfactory service as a full-time public safety dispatcher, and was trained according to minimum standards described in Commission Regulation 1018(d). The applicant in my opinion is worthy of the award. My opinion is based upon personal knowledge or inquiry. The personnel records of this jurisdiction/agency substantiate my recommendation.					
15. _____ <div style="display: flex; justify-content: space-between;"> SIGNATURE OF DEPARTMENT HEAD DATE </div>					
FOR POST USE ONLY					
NAME OF CERTIFICATE	TRAINING INSTITUTION	CERTIFICATE NUMBER		DATE ISSUED	
		D-			
APPLICATION EVALUATED BY		EVALUATION REVIEWED BY		EVALUATION APPROVED BY	
COMMENTS					

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR AWARD OF POST PUBLIC SAFETY DISPATCHER CERTIFICATE

Instructions for Completing the Form:

1. **NAME:** Enter the applicant's last name, first name, and middle name or initial. For common names (e.g., John Brown, Mary Jones), provide the middle name.
2. **DATE OF BIRTH:** Enter the applicant's date of birth (month, day, year) in numerical form (e.g., 2-4-60).
3. **SEX:** Enter M (male) or F (female).
4. **RACE:** Enter the applicant's race or ethnic background; abbreviations may be used. This information will be used by POST for statistical purposes only.
5. **NAME OF LAW ENFORCEMENT AGENCY WHERE PRESENTLY SERVING AS A PUBLIC SAFETY DISPATCHER AS DESCRIBED IN COMMISSION REGULATION 1001(t):** Enter complete name of agency.
6. **SOCIAL SECURITY NUMBER:** The applicant's social security number must be entered. The social security number is used by POST as the primary identifier for individuals about whom records are maintained by POST. (GC 13503)
7. **PRESENT POSITION/TITLE:** Enter the applicant's present position or title (e.g., dispatcher).
8. **DATE APPOINTED AS A PUBLIC SAFETY DISPATCHER WITH PRESENT AGENCY:** Enter the month, day and year of actual appointment.
9. **BASIC DISPATCHER COURSE ATTENDED:** If applicant attended the Basic Dispatcher Course, enter the name of the agency/institution presenting the course.
10. **COURSE LENGTH - HOURS:** If applicant attended the Basic Dispatcher Course, enter the length of the course in hours.
11. **DATE STARTED:** If applicant attended the Basic Dispatcher Course, enter the date the course started.
12. **DATE ENDED:** If applicant attended the Basic Dispatcher Course, enter the date the course ended.
13. **REQUIRED NOTICE OF APPOINTMENT/TERMINATION FORM 2-114 FILED WITH POST:** Commission Regulation 1003 requires that, for departments in the Public Safety Dispatcher Programs, the Notice of Appointment/Termination Form (2-114) shall be submitted whenever a person is appointed, promoted, reclassified, or transferred to a public safety dispatcher position, or whenever the person is terminated from a public safety dispatcher position. Indicate "yes" or "no" whether this form has been submitted to POST for the applicant.
14. **SIGNATURE OF APPLICANT:** The certificate application form is not complete unless this attestation is signed by the applicant. Enter the month, day and year the application form is signed by the applicant.
15. **SIGNATURE OF DEPARTMENT HEAD:** The certificate application form is not complete unless this attestation is signed by the department head of the law enforcement agency where the applicant is presently serving as a public safety dispatcher.

PLEASE PRINT OR TYPE